

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-7-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 90830.

II. FINDINGS and RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-2-02	90830 (3 hrs.)	\$375.00	\$125.00	F	\$125.00 / hr.	Rule 133.307(g)(3)(B)	The requestor did not submit medical records in accordance with Rule 133.307 to support fee dispute. No reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (90830).

The above Findings and Decision are hereby issued this 09th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division